

NOV 2 1940
NOV 20 1940
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____ Primary Registration District No. 3026

Registrar's No. 134

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Chillicothe Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)
In this community Fifty years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
(c) City or town Chillicothe
(If outside city or town limits, write "RURAL")
(d) Street No. County Home
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Roy Akerson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 28 1880
(Month) (Day) (Year)

8. AGE: Years 59 Months 10 Days 13 If less than one day hr. _____ min. _____

9. Birthplace Weston Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name George Akerson
13. Birthplace Weston Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Ann McGhay
15. Birthplace Weston Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Melvin Akerson
(b) Address Chillicothe, Mo.

17. (a) Burial (b) Date thereof 10-18-'40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Avlon, Mo. Cem.

18. (a) Signature of funeral director F. B. Norman Co.
(b) Address Chillicothe, Mo.

19. (a) 10-13-'40 (b) H. M. Grace, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 11 day _____ year 1940 hour _____ minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 1940 to Oct 11, 1940; that I last saw her alive on Oct 11 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Surgent of leg
Due to Arterio Sclerosis

Duration
15 Days
2 yrs

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature R. P. Miller (M. D. or other) _____
Address Chillicothe Mo Date signed 10/12/1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

9
1
2

MOTHER FATHER

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Elton F. Norman & E. R. Norman (2374)....., Registered Apprentice No.....
working under my personal supervision.

Signed Elton F. Norman.....

Licensed Embalmer No. 4036.....

P. O. Address Chillicothe, Mo......

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.